

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39057**
Registrar's No. **10153**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN ST LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 5211 RIDGE AVE		e. STREET ADDRESS (If rural, give location) 5211 RIDGE AVE 206 1/2	

3. NAME OF DECEASED (Type or Print) CARROLL	a. (First)	b. (Middle) I	c. (Last) MURPHY	4. DATE OF DEATH (Month) (Day) (Year) NOV 8 1954
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT -17-1886	9. AGE (In years last birthday) 68
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OFFICE WORK-RETIRED-TULSA OK.		10b. KIND OF BUSINESS OR INDUSTRY U.S. CUSTOMS	11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY MO	12. CITIZEN OF WHAT COUNTRY? U-S-A

13a. FATHER'S NAME PATRICK MURPHY	13b. MOTHER'S MAIDEN NAME EILEEN MONAHAN	14. NAME OF HUSBAND OR WIFE MARIE E MURPHY
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR I	16. SOCIAL SECURITY NO. 489-03-1777	17. INFORMANT'S SIGNATURE OR NAME Marie E Murphy	ADDRESS 5211 Ridge
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis		
	DUE TO (c) Arteriosclerotic Heart Disease		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4200
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22. I hereby certify that I attended the deceased from **Mar 1953**, to **Nov 8, 1954**, that I last saw the deceased alive on **Nov 6, 1954**, and that death occurred at **3:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Joseph J Conroy MD	(Degree or title)	23b. ADDRESS 906 Olive	23c. DATE SIGNED 11-9-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE NOV 9-1954	24c. NAME OF CEMETERY OR CREMATORY ST MARY'S CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MO.
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DATE REC'D BY LOCAL REG. NOV 9 1954	REGISTRAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis	ADDRESS 2906 Gravois
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Thomas E. Hill* Student Embalmer No.

Licensed Embalmer No. *4347*

P. O. Address *2906 Dra*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.